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INDICATION FORM**

|                               |   |
|-------------------------------|---|
| <b>Application Number</b>     |   |
| <b>Filing Date</b>            | Herewith  |
| <b>First Named Inventor</b>   | Mark Ryan Mayernick                                   |
| <b>Title</b>                  | METHOD AND APPARATUS FOR<br>ROUTER PORT CONFIGURATION |
| <b>Art Unit</b>               |   |
| <b>Examiner Name</b>          |   |
| <b>Attorney Docket Number</b> | PU030091  |

I hereby appoint:

☒ Practitioners at Customer Number

|                              |
|------------------------------|
| <b>Customer Number 24498</b> |
|------------------------------|

**OR**☐ Practitioner(s) named below:

| Name | Registration Number |
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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

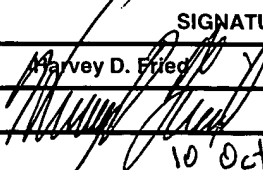
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|   |                                      |       |              |     |            |
|---|--------------------------------------|-------|--------------|-----|------------|
| <input checked="" type="checkbox"/> Firm or Individual Name | Joseph S. Tripoli, Patent Operations |       |              |     |            |
| Address   | THOMSON LICENSING INC.               |       |              |     |            |
| Address   | P. O. BOX 5312                       |       |              |     |            |
| City  | PRINCETON                            | State | NJ           | ZIP | 08543-5312 |
| Country   | USA                                  |       |              |     |            |
| Telephone   | 609-734-6834                         | Fax   | 609-734-6888 |     |            |

I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.*Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).***SIGNATURE of Applicant or Assignee of Record**

|           |   |  |  |                  |              |
|-----------|---|--|--|------------------|--------------|
| Name      | Harvey D. Fried   |  |  | Registration No. | 28,298       |
| Signature |  |  |  |                  |              |
| Date      | 10 Oct 2005   |  |  | Telephone        | 609/734-6811 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032  
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# **DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)**

☐ Declaration Submitted With Initial Filing      OR      ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

|                          |                     |
|--------------------------|---------------------|
| Attorney Docket Number   | PU030091            |
| First Named Inventor     | MARK RYAN MAYERNICK |
| <b>COMPLETE IF KNOWN</b> |                     |
| Application Number       | /                   |
| Filing Date              |                     |
| Group Art Unit           |                     |
| Examiner Name            |                     |

**As a below named inventor, I hereby declare that:**

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**METHOD AND APPARATUS FOR ROUTER PORT CONFIGURATION**

the specification of which (Title of the Invention)

☐ is attached hereto  
OR

☐ was filed on (MM/DD/YYYY) [ ] as United States Application Number or PCT International

Application Number [ ] and was amended on (MM/DD/YYYY) [ ] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Country | Priority Not Claimed     | Certified Copy Attached? |                          |
|-------------------------------------|---------|----------------------------------|---------|--------------------------|--------------------------|--------------------------|
|                                     |         |                                  |         |                          | YES                      | NO                       |
|                                     |         |                                  |         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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|                                     |         |                                  |         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                     |         |                                  |         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

| Application Number(s) | Filing Date (MM/DD/YYYY) | <input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. |
|-----------------------|--------------------------|--|
| 60/462,998            | April 15, 2003           |  |

[Page 1 of 2]

**Burden Hour Statement:** This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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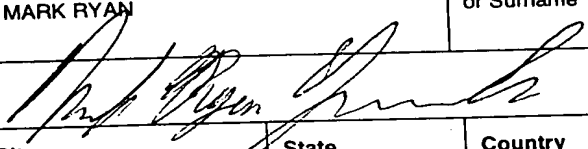
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## DECLARATION — Utility or Design Patent Application

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| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="8"><b>Name</b> JOSEPH S. TRIPOLI</td> </tr> <tr> <td colspan="8"><b>Address</b> Thomson Licensing Inc.</td> </tr> <tr> <td colspan="8"><b>Address</b> P.O. BOX 5312</td> </tr> <tr> <td colspan="4"><b>City</b> PRINCETON</td> <td colspan="2"><b>State</b> NJ</td> <td colspan="2"><b>ZIP</b> 08543-5312</td> </tr> <tr> <td colspan="3"><b>Country</b> USA</td> <td colspan="3"><b>Telephone</b> 609-734-6834</td> <td colspan="2"><b>Fax</b> (609) 734 - 6888</td> </tr> </table> |  |   |                               |   |  |  |  | <b>Name</b> JOSEPH S. TRIPOLI |  |  |  |  |  |  |  | <b>Address</b> Thomson Licensing Inc. |  |  |  |  |  |  |  | <b>Address</b> P.O. BOX 5312 |  |  |  |  |  |  |  | <b>City</b> PRINCETON |  |  |  | <b>State</b> NJ |  | <b>ZIP</b> 08543-5312 |  | <b>Country</b> USA |  |  | <b>Telephone</b> 609-734-6834 |  |  | <b>Fax</b> (609) 734 - 6888 |  |
| <b>Name</b> JOSEPH S. TRIPOLI   |  |   |                               |   |  |  |  |                               |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |                              |  |  |  |  |  |  |  |                       |  |  |  |                 |  |                       |  |                    |  |  |                               |  |  |                             |  |
| <b>Address</b> Thomson Licensing Inc.   |  |   |                               |   |  |  |  |                               |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |                              |  |  |  |  |  |  |  |                       |  |  |  |                 |  |                       |  |                    |  |  |                               |  |  |                             |  |
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| <b>Country</b> USA  |  |   | <b>Telephone</b> 609-734-6834 |   |  | <b>Fax</b> (609) 734 - 6888                                      |  |                               |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |                              |  |  |  |  |  |  |  |                       |  |  |  |                 |  |                       |  |                    |  |  |                               |  |  |                             |  |
| <p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>  |  |   |                               |   |  |  |  |                               |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |                              |  |  |  |  |  |  |  |                       |  |  |  |                 |  |                       |  |                    |  |  |                               |  |  |                             |  |
| <b>NAME OF SOLE OR FIRST INVENTOR:</b>  |  |   |                               | <input type="checkbox"/> A petition has been filed for this unsigned inventor |  |  |  |                               |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |                              |  |  |  |  |  |  |  |                       |  |  |  |                 |  |                       |  |                    |  |  |                               |  |  |                             |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>Given Name</b> MARK RYAN</td> <td colspan="2"><b>Family Name or Surname</b> MAYERNICK</td> </tr> </table>  |  |   |                               | <b>Given Name</b> MARK RYAN   |  | <b>Family Name or Surname</b> MAYERNICK                          |  |                               |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |                              |  |  |  |  |  |  |  |                       |  |  |  |                 |  |                       |  |                    |  |  |                               |  |  |                             |  |
| <b>Given Name</b> MARK RYAN   |  | <b>Family Name or Surname</b> MAYERNICK |                               |   |  |  |  |                               |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |                              |  |  |  |  |  |  |  |                       |  |  |  |                 |  |                       |  |                    |  |  |                               |  |  |                             |  |
| <b>Inventor's Signature</b>    |  |   |                               | <b>Date</b> July 24, 2003   |  |  |  |                               |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |                              |  |  |  |  |  |  |  |                       |  |  |  |                 |  |                       |  |                    |  |  |                               |  |  |                             |  |
| <b>Residence: City</b> BOULDER  |  | <b>State</b> CO                         |                               | <b>Country</b> USA  |  | <b>Citizenship</b> USA   |  |                               |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |                              |  |  |  |  |  |  |  |                       |  |  |  |                 |  |                       |  |                    |  |  |                               |  |  |                             |  |
| <b>Mailing Address</b> 1140 PORTLAND PLACE, SUITE #306  |  |   |                               |   |  |  |  |                               |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |                              |  |  |  |  |  |  |  |                       |  |  |  |                 |  |                       |  |                    |  |  |                               |  |  |                             |  |
| <b>Mailing Address</b>  |  |   |                               |   |  |  |  |                               |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |                              |  |  |  |  |  |  |  |                       |  |  |  |                 |  |                       |  |                    |  |  |                               |  |  |                             |  |
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| <b>NAME OF SECOND INVENTOR:</b>   |  |   |                               | <input type="checkbox"/> A petition has been filed for this unsigned inventor |  |  |  |                               |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |                              |  |  |  |  |  |  |  |                       |  |  |  |                 |  |                       |  |                    |  |  |                               |  |  |                             |  |
| <b>Given Name</b>   |  |   |                               | <b>Family Name or Surname</b>   |  |  |  |                               |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |                              |  |  |  |  |  |  |  |                       |  |  |  |                 |  |                       |  |                    |  |  |                               |  |  |                             |  |
| <b>Inventor's Signature</b>   |  |   |                               | <b>Date</b>   |  |  |  |                               |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |                              |  |  |  |  |  |  |  |                       |  |  |  |                 |  |                       |  |                    |  |  |                               |  |  |                             |  |
| <b>Residence: City</b>  |  | <b>State</b>                            |                               | <b>Country</b>  |  | <b>Citizenship</b>   |  |                               |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |                              |  |  |  |  |  |  |  |                       |  |  |  |                 |  |                       |  |                    |  |  |                               |  |  |                             |  |
| <b>Mailing Address</b>  |  |   |                               |   |  |  |  |                               |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |                              |  |  |  |  |  |  |  |                       |  |  |  |                 |  |                       |  |                    |  |  |                               |  |  |                             |  |
| <b>Mailing Address</b>  |  |   |                               |   |  |  |  |                               |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |                              |  |  |  |  |  |  |  |                       |  |  |  |                 |  |                       |  |                    |  |  |                               |  |  |                             |  |
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| <input type="checkbox"/> Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.   |  |   |                               |   |  |  |  |                               |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |                              |  |  |  |  |  |  |  |                       |  |  |  |                 |  |                       |  |                    |  |  |                               |  |  |                             |  |